. بالشفارية

| | | | | | | | | Application or Docket Number | | | | | |
|--|------------------|---|---|-------------------------------|---------------------|------------------|--------------|------------------------------|------------------------|---------|------------|------------------------|--|
| | PATENT A | RD | D WOTH 84843 | | | | | | | | | | |
| Effective January 1, 2003 | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | SMALL E | NTITY | • | OTHER | THAN | |
| | | | (Column 1) (Colum | | | nn 2) | | TYPE | | OR | SMALL | ENTITY | |
| TOTAL CLAIMS | | | * | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED NUM | | NUMB | REXTRA | | BASIC FEE | \$375 | OR | BASIC FEE | \$750 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | . 35 | | | X\$ 9= | 1 | OR | X\$18= | 35 | |
| INDEPENDENT CLAIMS | | | minus 3 = | | . 4 | | | X42= | | OR | X84= | 4 | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | - | +140= | | OR | +280= | | |
| * If the difference in column 1 is | | | less than zero, enter "0" in column 2 | | | | TOTAL | | OR | TOTAL | | | |
| CLAIMS AS AMENDED - PART II // JAJY | | | | | | | | <u></u> | | OTHER | THAN | | |
| | | (Column 1) | (Column 2) (Column 3) | | | / | SMALL ENTITY | | OR | SMALL | | | |
| AMENOMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 126 | Minus | -3 | 5 | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | . 14 | Minus | *** C | E | | | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF MI | JLTIPLE DEP | ENDENT | CLAIM | |] | +140= | | OR | +280= | | |
| | 11-804 | | | | | | | TOTAL | | | TOTAL | | |
| | <i>v v</i> - | | | | | | | ADDIT. FEE | 1 | OR | ADDIT. FEE | L | |
| _ | | (Column 1) CLAIMS | 155-50-00-00-00-00-00-00-00-00-00-00-00-0 | (Colui | | (Column 3) | , 1 | | ADDI- | 1 | | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | OUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | . /2 | Minus | 3 | 5, | = / | | X\$ 9= | | OR | X\$18= | 1 | |
| | Independent | · 4 | Minus | *** | 1 | = / | 4 | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF MI | JLTIPLE DEP | ENDEN | CLAIM | | ٔ ل | +140= | | OR | +280≈ | | |
| | • | | | | | • | | TOTAL | | OR | TOTAL | / | |
| | | | | | • | | | ADDIT. FEE | <u> </u> | 1 | ADDIT. FEE | | |
| | TENERS IN COLUMN | (Column 1) CLAIMS. | | (Colu | mn 2) IEST | (Column 3) | , ו | | ADDI- | 1 | | ADDI- | |
| AMENDMENT C | | REMAINING . AFTER AMENDMENT | 5 5 c | PREVI | BER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL | !====== | RATE | TIONAL FEE | |
| | Total | • | Minus | ** | | = | اً | X\$ 9= | | OR | X\$18= | | |
| | Independent . | A | Minus | 884 | | = | | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEPENDENT CLAIM | | <u> </u> | | | | 1 | .000- | | | |
| • If the entry in column 4 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | | |
| → If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE | | | | | | | | | | OR | ADDIT. FEE | L | |
| ***If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

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